Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

File\_

No.

FLOYE	County Date of Application
MALE Medical Examination Report Dated //-5-78	FEMALE Medical Examination Report Dated  (0-6-78
Name of Physician All Richers	Name of Physician Delleman
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Wheshall be fined in any sum not exceeding five hundred dollars (\$500.00)".	oever; procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Clast Wenne W. Cleman	Name First Middle Lant
Date of Birth Month Day Year 1955	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Harrison Co a by of
Residence Address Street or R. R. City County State RP #2 Flage Grobs Street	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No CLYES D
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you afflicted with a transmissible disease?  No Ves   3. Are you related to the male applicant closer than second cousin?  No Ves   Yes
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐  4. Are you now under the influence of intoxicating liquor? No ✓ Yes ☐
5. Are you now under the influence of a narcotic drug? No Q Yes 🖯	5. Are you now under the influence of a narcotic drug?  No 2 Yes 2
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  3. Full name of father Fancs K. Coleman.	compliance with any court order or orders issued for their support.
71. 0 K ( 0 / 0	8. Full name of father Achaela See Water
Residence of father (if deceased so state) + Care Tynous.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother The pure after the pure	9. Full maiden name of mother Wands Chrosene Faith
Residence of mother (if deceased so state) + My fourth, child.	Residence of mother (if deceased so state) Assuson Co.
Birthplace of mother (State or foreign country) Undean	Birthplace of mother (State or foreign country)
State of Indiana,    State of Indiana,   State	State of Indiana, Alaca sa: I depose and state the information given in this application is true and correct.
County of In this application is true and correct.	County of
Signed Si	Signed L. Choral J. Wallow
New Address.	New Address
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of 100.
Slean I Salfield Clerk FLOYD Circuit Court	Mexica. Halfield Clerk FLOYD Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	-
State of Indiana, County of	State of Indiana, County of
SignedFather	SignedFather
Signed Mother	Signed
Subscribed and sworn to before me thisday ofday	Subscribed and sworn to before me thisday of
	Clerk
,	RT. A marriage license having been refused to the above named parties, the court by written order issued
nauthorizes and directs the issuance	of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
f Indiana dated the 8 day of November	nse issued by the clerk of the
Dennis W. Colemen  Be it further remembered, the following marriage certificate was filed in my	and Deborsh L. Watson
	office, to-wit: hereby certify that on the land and an angle of November.
ne thousand nine hundred and Seventv-eight	at Corydon , County of Harrison ,
State of Indiana, Groom	of Floyd County, State of Indiana
	Harrison County, State of Indiana,
	that purpose by the Clerk of the Circuit Court of Floyd
County.	
Dated this 11 day of November , 19 70	Signed John D. Taylor
	Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this	-/
. , ,	Signed Glenn L. Hatfield Clerk